

<b>Case Number:</b>	CM14-0071716		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/07/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Psychology and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 36 year-old male with a date of injury of 7/17/13. According to the Utilization Review letter from Forte dated 4/18/14, the claimant sustained injury as the result of a motor vehicle accident while working as a police officer. In his PR-2 report dated 6/16/14, [REDACTED] diagnosed the claimant with: (1) Open fracture of calcaneus; (2) Postsurgical status not elsewhere classified; and (3) Closed fracture of unspecified part of fibula alone.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **(12) Outpatient Neuro-Ophthalmology rehabilitation therapy visits: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Chapter: Cognitive Therapy, ODG Psychotherapy Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter Cognitive.

**Decision rationale:** There were limited records submitted for review. In the UR letter dated 4/18/14, it was noted that the claimant recently completed neuropsychological evaluation and twelve sessions of cognitive rehabilitation. These records were not included for review. As a result, there is no information to support the request for outpatient neuro-cognitive rehabilitation visits. Therefore, the request for 12 outpatient Neuro-Cognitive rehabilitation therapy visits is not medically necessary.